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COMBINED DECLARATION AND POWER OF ATTORNEY

(Original, Design, National Stage of PCT, Supplemental)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: (check one applicable item below)

original design supplemental

X National Stage of PCT divisional (see added page) continuation (see added page) continuation-in-part (see added page)

The specification of which: (complete (a), (b) or (c))

Davis & Bujold, P. L. L. C.

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INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below next to my name. I believe that the original, first and sole inventor (if only one name is listed below) an original, first and joint inventors (if plural names are listed below) of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

TITLE OF INVENTION CONTINUOUSLY VARIABLE VEHICLE TRANSMISSION

SPECIFICATION IDENTIFICATION

	(a)	is attache	a nereto.					
	(b)	was filed	on	as " Serial No.				
	(-)	0 /	or " Express Mail	No	(as	Serial		
No. not yet known)				and was amended on		(if		
applica		•						
	(c) X	was desc	ribed and claimed in	PCT International				
	(-)		n No. <u>PCT/EP00/0</u>					
		11 Octo	per 2000 (11.10.200	0) and as amended under PCT				
			on					
		ALLICIE 13	OII	(11 &119).				
POWER OF ATTORNEY								
this app	As a named in dication and tradition and registration and registration	ınsact all bu	siness in the Patent	llowing attorney(s) and/or agent(s and Trademark Office connected) to pro therew	osecute vith. (list		
3	Anthony G. M Michael J. Buj Scott A. Danie	Davis F old F els Registrat	Registration No. 27.8 Registration No. 32,0 on No. 42,462	<u>68</u> 18				
named				er of Attorney is the authorization om my representative(s).	of the	above-		
	orrespondence & Buiold, P. L.			Direct Telephone Calls to: (603) 624-9220				

Direct Telefaxes to:

(603)624-9229

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the United States Patent Office all information which is known to be material to patentability of this application as defined in § 1.56 of Title 37 of the Code of Federal Regulations.

PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

	THE TOTAL DECICION TOTAL		-
COUNTRY	APPLICATION NO.	DATE OF FILING (day,month,year)	PRIORITY CLAIMED UNDER 37 USC 119
Fed. Rep. of Germany	199 50 053.3	(16.10.99) 16. October 1999	☑ YES NO
			YES NO
-			YES NO
			YES NO
			YES NO

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Signature(s)

r	Full name of sole WXXXX inventor Gerhard GUMPOLTSBERGER								
100	Inventor's signature Date Date Date								
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